Commission on Peace Officer Standards and Training
1601 Alhambra Boulevard
Sacramento, CA 95816-7083

Instructions:

- Fill out the questionnaire completely and accurately. Keep in mind that all statements are subject to verification; deliberate inaccuracies or incomplete statements may bar or remove you from employment. A "yes" answer does not necessarily mean that you will be disqualified.
- This form must be completed and presented when reporting for your medical examination.
- This medical history statement is confidential. If hired, the information you provide will be part of your medical record, separate from your personnel file.
- Type or legibly print (in ink), or complete this form online at www.post.ca.gov.

SECTION 1: CANDIDATE IDENTIFICATION

1. CANDIDATE'S NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER Last 4 digits:	3. BIRTHDATE (MM/DD/YYYY)
4. ADDRESS WHERE YOU CAN BE CONTACTED (Street / P.O. Box)	5. CITY	6. STATE / ZIP
7. PHONE NUMBERS WHERE YOU CAN BE REACHED Day: ( ) - Evening: ( ) -	8. E-MAIL	

SECTION 2: JOB HISTORY

9. List current and all previous jobs held in the last 5 years, including military service.

	JOB TITLE	PRIMARY DUTIES	EMPLOYER	APPROXIMATE DATES
A)				From: To:
B)				From: To:
C)				From: To:
D)				From: To:
E)				From: To:
F)				From: To:
G)				From: To:
H)				From: To:
I)				From: To:

SECTION 3: MEDICAL HISTORY

Y	N	?	Answer each of the following questions.
☐	☐	☐	10. Have you ever failed to complete a public safety dispatcher training program?
☐	☐	☐	11. Have you ever been refused employment or been unable to hold a job because of any physical, psychological, or other medically-related reason?
☐	☐	☐	12. Have you ever worked as a public safety dispatcher before?
☐	☐	☐	13. Do you have any physical limitations?
☐	☐	☐	14. Do you need any reasonable accommodation to assist you in performing required job tasks?

continues

SECTION 3: MEDICAL HISTORY *continued*

☐ ☐ ☐ 15. Have you ever been absent from work due to job stress?

☐ ☐ ☐ 16. Have you missed more than five days from work in the past 12 months due to medically-related reasons?

☐ ☐ ☐ 17. Have you ever been absent from work because of back/neck pain or problems?

☐ ☐ ☐ 18. Have you ever seen a doctor for back/neck pain or problems?

☐ ☐ ☐ 19. In the past year, have you had a change in the size and color of a mole or a sore that would not heal?

☐ ☐ ☐ 20. Do you occasionally use, or are you currently taking, any prescription or over-the-counter medications?

☐ ☐ ☐ 21. Have you taken any medications within the past 12 months for any reason?

☐ ☐ ☐ 22. Have you sustained any disabling illnesses or medical conditions with the past 5 years?

☐ ☐ ☐ 23. Have you ever had a positive drug or alcohol test?

☐ ☐ ☐ 24. Are you now or have you ever been enrolled in a drug or alcohol rehabilitation program?

☐ ☐ ☐ 25. Per week, I drink: ____ bottles/cans of beer ____ glasses of wine ____ glasses of hard liquor

☐ ☐ ☐ 26. Has anyone ever been concerned about your drinking or suggested that you cut down?

☐ ☐ ☐ 27. Have you ever been convicted of driving under the influence (DUI)?

☐ ☐ ☐ 28. Have you ever felt bad about your drinking?

☐ ☐ ☐ 29. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

☐ ☐ ☐ 30. Have you been exposed to loud noise today? If "yes," were you wearing hearing protection?

31. Briefly explain any items you marked "yes" or "?." In addition, describe anything else which you feel may be important in evaluating your medical suitability for the position, including any condition(s) not specifically referred to in the preceding questions.

ITEM #	EXPLANATION – USE ADDITIONAL SHEETS IF NECESSARY

continues

SECTION 4: MEDICAL CONDITIONS – Indicate if you have, or ever had, any of the following conditions. If you're unsure, mark "?"

	Y	N	?		Y	N	?		Y	N	?
32. EYE, EAR, NOSE, THROAT											
A) Eye surgery	☐	☐	☐	E) Abnormal color vision test	☐	☐	☐	I) Ear surgery	☐	☐	☐
B) Need to wear corrective lenses	☐	☐	☐	F) Refractive surgery (e.g., Lasik, PRK)	☐	☐	☐	J) Earache	☐	☐	☐
C) Blurred or double vision	☐	☐	☐	G) Ringing or buzzing in ears	☐	☐	☐	K) Abnormal audiogram	☐	☐	☐
D) Glaucoma	☐	☐	☐	H) Decreased hearing	☐	☐	☐				
33. GASTROINTESTINAL											
A) Ulcer / stomach trouble	☐	☐	☐	E) Mucous in stool	☐	☐	☐	I) Irritable bowel syndrome	☐	☐	☐
B) Persistent diarrhea	☐	☐	☐	F) Black / bloody bowel movement	☐	☐	☐	J) Crohn's disease	☐	☐	☐
C) Colitis	☐	☐	☐	G) Pancreatitis	☐	☐	☐				
D) Recurrent hemorrhoids	☐	☐	☐	H) Abnormal liver test / liver disease	☐	☐	☐				
34. GENITOURINARY											
A) Kidney disease or stone	☐	☐	☐	C) Blood in urine	☐	☐	☐	E) Menstrual discomfort that kept you from work	☐	☐	☐
B) Bladder trouble	☐	☐	☐	D) Prostatitis	☐	☐	☐	F) Currently pregnant	☐	☐	☐
35. CARDIOVASCULAR											
A) Heart attack	☐	☐	☐	C) Palpitation (irregular heartbeat)	☐	☐	☐	E) Pain or discomfort in chest	☐	☐	☐
B) Heart failure	☐	☐	☐	D) High blood pressure	☐	☐	☐	F) Swelling of foot or leg	☐	☐	☐
36. MUSCULOSKELETAL											
A) Back trouble / pain	☐	☐	☐	B) Neck trouble / Pain	☐	☐	☐	C) Arthritis / Rheumatism			
37. JOINT INJURY / SURGERY / DISLOCATION / PAIN / SWELLING											
A) Shoulder	☐	☐	☐	D) Fingers / Toes	☐	☐	☐	G) Ankle / Foot	☐	☐	☐
B) Elbow	☐	☐	☐	E) Hip	☐	☐	☐				
C) Wrist	☐	☐	☐	F) Knee	☐	☐	☐				
38. NEUROLOGICAL											
A) Epilepsy	☐	☐	☐	F) Head injury	☐	☐	☐	K) Tremors	☐	☐	☐
B) Convulsion / Seizure	☐	☐	☐	G) Loss of consciousness	☐	☐	☐	L) Meningitis / Encephalitis	☐	☐	☐
C) Fainting spells / Blackouts	☐	☐	☐	H) Frequent / recurrent headaches	☐	☐	☐	M) Numbness of extremities	☐	☐	☐
D) Multiple Sclerosis	☐	☐	☐	I) Migraine / Sinus headaches	☐	☐	☐				
E) Recurrent dizziness	☐	☐	☐	J) Carpal Tunnel Syndrome	☐	☐	☐				
39. MISCELLANEOUS											
A) Diabetes (glucose in urine)	☐	☐	☐	G) Chronic fatigue	☐	☐	☐	M) Sleep apnea	☐	☐	☐
B) Low blood sugar	☐	☐	☐	H) Night sweats	☐	☐	☐	N) Snoring	☐	☐	☐
C) Thyroid trouble	☐	☐	☐	I) Undesired weight loss or gain	☐	☐	☐	O) Sleep problems / disorders	☐	☐	☐
D) Enlarged glands	☐	☐	☐	J) Multiple chemical sensitivity	☐	☐	☐	P) Chronic or frequent cough	☐	☐	☐
E) Cancer / Leukemia	☐	☐	☐	K) Recurrent fever in the last year	☐	☐	☐	Q) Any other problem or illness not listed that may affect job performance	☐	☐	☐
F) Non-healing sores	☐	☐	☐	L) Eczema	☐	☐	☐				

continues

SECTION 4: MEDICAL CONDITIONS *continued*

40. Explain any medical conditions you marked "yes" or "?." Reference the corresponding item number and letter in your response (*for example,* 32B, 38F, etc.).

ITEM	EXPLANATION – USE ADDITIONAL SHEETS IF NECESSARY

SECTION 5: CANDIDATE CONSENT

I hereby authorize the performance of a complete medical examination, x-rays, blood testing, and urine testing. I am aware that laboratory testing may be used to detect illegal substances and therapeutic medications, and to verify my answers to the questions contained in this medical questionnaire. I also authorize the medical examiner to obtain current or past medical records and to discuss my medical status and history with my treating physician or other medical consultants as necessary. I declare that my answers are true to the best of my knowledge and belief. I am aware that any willful inaccuracy may be regarded as cause for disqualification for employment.

SIGNATURE IN FULL	DATE
▶	

SECTION 6: EXAMINING PHYSICIAN'S COMMENTS / NOTES

ITEM #	COMMENTS / NOTES